INSTRUCTIONS:

Please read the following carefully before completing the order form.

WHAT IS THE MAIL SERVICE PRESCRIPTION DRUG PROGRAM?

The mail service prescription drug program is a home delivery prescription drug service. The program is designed mainly for individuals using maintenance medication for the treatment of long-term conditions, such as, but not limited to, diabetes, arthritis, heart conditions and high blood pressure. Your specific plan design describes the maximum supply you can receive.

WHAT IS COVERED?

The program covers drugs which by federal law require a doctor's prescription and is covered by your medical plan. Certain drugs are not available through mail service.

Please refer to your Benefit Plan Summary for your copayment, maximum days supply and specific drug coverage exclusions.

Note: Insulin and insulin syringes require a prescription when ordered through the Blue Cross of California Mail Service Program.

WHO IS ELIGIBLE?

If you and your family are presently covered for outpatient prescription drugs under your prescription benefit plan, you are eligible to enroll in the home delivery program.

HOW DO I USE THE PROGRAM THE FIRST TIME?

- 1. When your doctor prescribes a maintenance drug, have the prescription written for up to a 60 day supply with up to five (5) refills or a 90 day supply with up to three (3) refills. By law, prescriptions can only be filled with the quantity indicated by your doctor and allowed by your pharmacy benefit design. Example: 1 a day = 60 pills; 2 a day = 120 pills (Refer to your Benefit Plan Summary for the maximum day supply allowed by your plan.)
- 2. Complete the attached Enrollment/Order Form for New Participants and Confidential Patient Profile for you and your covered family members. This form will need to be completed with your first order only.
 - In the future, if you have additional medical information or changes to report, please notify the Blue Cross of California Mail Service Program.
- 3. Mail this completed form along with the original prescription and copayment to: Blue Cross of California Mail Service Program, P. O. Box 961025, Fort Worth, TX 76161-9863.
- 4. Be sure to write your identification number (on your ID card) on the back of each prescription.
- 5. Drugs will be delivered postage-paid directly to your home. If you have any questions or problems concerning your prescription order, or if you do not receive your medication in 14 days, please contact the Blue Cross of California Mail Service Program toll-free at 1-866-274-6825. Allow a few extra days for first submissions.

HOW DO I ORDER REFILLS OR NEW PRESCRIPTIONS?

- For **refills**, complete the Prescription Order Form provided with your order and **mail** or **FAX** it to the Blue Cross of California Mail Service Program. You may also **call** PrecisionRx toll free at 1-866-274-6825. Be ready to provide your prescription number(s) and credit card information.
- The prescription label and the Customer Receipt will indicate the number of times you may have a prescription refilled.
- PrecisionRx is pleased to announce a convenient new way to order refills. You can do this by visiting the member area of our website at: www.precisionrx-online.com
- For **new prescriptions**, simply complete the Prescription Order Form included with each order and **mail** both the form and original prescription(s) to: Blue Cross of California Mail Service Program, P. O. Box 961025, Fort Worth, TX 76161-9863. Be sure to write your identification number on the back of each prescription.

FOR MORE INFORMATION CONTACT A BLUE CROSS OF CALIFORNIA RESPRESENTATIVE AT: 1-866-274-6825

TDD-Hearing Impaired: 1-800-905-9821Hours: 9:00 a.m. to 10:00 p.m. EST, Mon.-Fri.
9:00 a.m. to 8:00 p.m. EST, Sat
Closed Sunday

DETACH HERE	ENROLLMENT/ORDER FORM FOR NEW PARTICIPANTS DETACH HE							
Please complete thi	s form and ref	tum it in the end	closed pre-a	addressed, pos		re to sign the form and enclose the		
		TION NUMBER		or charge infor	mation. Please complete the	e Patient Profile on the reverse side.		
Plan Name		Blu	ie Cross	of Californ	ia and Its Affiliates			
Subscriber Name		First	MI	Last	Date of B	birthSex		
Address		Street		0.4	Otete	7-		
Daytime Phone No	umber (City	State	Zip Mail Service Input Code: BCC		
OTHER FAMILY Spouse	MEMBERS	ELIGIBLE FO	R PRESC	RIPTION DR		Sex		
The state of the s	First	MI		Last		Sex		
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Please write your Number of brand- Number of generic Payment is being Please make chec	re used for sidentification name prescription made by: Check or money	afety in shippir number on the ptions enclosed s enclosed eck [] Mone order payable	ng. [] Che back of ed x sy Order []	neck here if your cach prescript x \$c\$ Credit CardonRx. Do not	ou want non-childproof cation. copayment = \$ Topayment = \$	aps with this order. otal Amount Enclosed \$ unt number and expiration date:		
Account Number			Expira	ition Date				

☐ Check here if you do not want future orders charged to your credit card on file.

DETACH HERE

CONFIDENTIAL PATIENT PROFILE

DETACH HERE

Have you ever used the Blue Cross of California Mail Service Prescription Program? [] Yes [] No Please complete the section below for <u>all eligible family members</u>. This information will be used to check for potential drug interactions when you have prescriptions filled through PrecisionRx.

INCLUDE LAST NAMES	ALLERGIES				HEALTH CONDITIONS						
IF NOT THE SAME AS SUBSCRIBER	None	Penicillin (1)	Chocolate (2)	Sulfa (3)	Aspirin (4)	Thyroid (5)	Diabetes (6)	Glaucoma (7)	Heart Conditions (8)	High Blood Pressure (9)	Other
Subscriber Name											
Spouse											
Child											
Child	П										
Child											

If additional space is needed, please list other allergies or health conditions.	
in additional space is needed, please list other allergies or nearth conditions.	
DI FACE DEAD AND CION.	
PLEASE READ AND SIGN: I certify that the information provided on this form is correct and authorize the release of	all information to the plan sponsor, administrator
or underwriter; and I AUTHORIZE BLUE CROSS OF CALIFORNIA MAIL SERVICE	PROGRAM TO SUBSTITUTE GENERIC DRUGS
IN ALL CASES WHEN LEGALLY PERMISSIBLE, IN ACCORDANCE WITH APPLICAL ORDERS.	BLE LAW, CONSISTENT WITH MY DOCTOR'S
ONDERO.	
(Signature)	(Date Signed)